

FILED FEB 23 2021 10:51:00 AM  
CLERK'S OFFICE, U.S. DISTRICT COURT  
PORTLAND, OREGON

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON, PORTLAND DIVISION

Steven L. Stanley,

Case No: 3:21-cv-193-mo

Plaintiff,

VS.

Judge Michael Mosman

COMMUNITY DEVELOPMENT

Partners, et. al.,

Defendants.

PLAINTIFF'S MOTION

TO TAKE JUDICIAL NOTICE

Comes now Plaintiff, and moves this Honorable Court to take judicial notice pursuant to Rule 201(b) (adjudicative facts) codified in Sec. 452 of the evidence code. Specifically, that Defendants have received Plaintiff's Request For Waiver of Service of Summons complete with response form (See Exhibit A attached hereto). Service was effectuated via Certified mail on February 11, 2021 and will await receipt of waiver and then proceed with filing.

Plaintiff states such notice eliminates any varying interpretations or dispute and the factual aspect is scarcely indisputable. See, e.g., Khoja v. orexygen Therapeutics, Inc., 899 F.3d 908, 1002-1005 (9th Cir. 2018); U.S. v. Ritchie, 342 F.3d 903, 904 (9th Cir. 2003).

Wherefore, Plaintiff incorporates by reference into  
the case record, proceedings.

Respectfully Submitted,

Steven L. Stanley

Steven L. Stanley, Plaintiff

M85/Studios, 850 NE 81st Ave.

Suite 216, Portland, OR 97213

(503) 954-4226

CERTIFICATE OF SERVICE

I, Steven L. Stanley hereby certify the foregoing  
Judicial Notice motion was sent by regular U.S. Mail, postage  
prepaid to Clerk of Courts, U.S. District Court, Marks or Hatfield  
Courthouse, 1000 SW 3rd Ave, Portland, OR 97204 this 18th day  
of February 2021, and to the following Defendants counsel:

Atty. Christopher T. Drotzmann  
200 SW Market St, Suite 1800  
Portland, OR 97201

and

Atty. William Edgar  
1211 SW 5th Ave, Suite 2850  
Portland, OR 97204

Steven L. Stanley

Steven L. Stanley

503-954-4226

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Community Development Partners  
Bradford Long  
126 NE Alberta St, Suite 202  
Portland, OR 97211  
(complaint (1983))



9590 9402 5859 0038 1326 20

**2. Article Number (Transfer from service label)**

7019 2970 0000 3598 3140

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

X

Agent  
 Addressee

**B. Received by (Printed Name)**

Randy G.

**C. Date of Delivery**

2/11/21

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**3. Service Type**

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input checked="" type="checkbox"/> Priority Mail Express®          |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |                                                                     |
|                                                                  | <input type="checkbox"/> Mail Restricted Delivery                   |
|                                                                  | (0)                                                                 |

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Guardian Management LLC  
Park Ave. West  
760 SW 9th Ave, Suite 2200  
Portland, OR 97205  
(complaint (1993))



9590 9402 5859 0038 1326 37

**2. Article Number (Transfer from service label)**

7019 2970 0000 3598 3133

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

X

Agent  
 Addressee

**B. Received by (Printed Name)**

C-19

**C. Date of Delivery**

2/11/21

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**3. Service Type**

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input checked="" type="checkbox"/> Priority Mail Express®          |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |                                                                     |
|                                                                  | <input type="checkbox"/> Mail Restricted Delivery                   |
|                                                                  | (0)                                                                 |

Domestic Return Receipt

S TRACKING#

PORTLAND OR 972

1 FEB 2021 PM 3 L

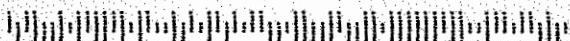
5859 0038 1326 20



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

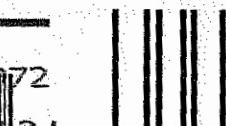
- Sender: Please print your name, address, and ZIP+4® in this box\*

Steven L. Stanley  
MP5 Studios  
850 NE 81st Av., #216  
Portland, OR. 97213



USPS TRACKING#

PORTLAND OR 972  
1 FEB 2021 PM 3 L



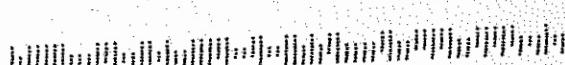
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9402 5859 0038 1326 37

States  
Service

- Sender: Please print your name, address, and ZIP+4® in this box\*

Steven L. Stanley  
MP5 Studios  
850 NE 81st Av., #216  
Portland, OR. 97213



**IN THE UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON, PORTLAND**

**Steven L. Stanley,**

**Plaintiff,**

**Vs.**

**Community Development**

**Partners, and**

**Guardian Management LLC,**

**Case No.: 3:21-cv-00193-MO**

**(In Re: }1983 Civil Rights Complaint)**

**Judge: Michael Mosman**

**PLAINTIFFS REQUEST FOR WAIVER**

**OF SERVICE OF SUMMONS**

**Defendants.**

Plaintiff, Steven L. Stanley has filed a lawsuit against you, and or the entity you represent, in the above captioned Court and case number. A copy of the complaint is attached.

This is not a summons or an official notice from the court. It is Plaintiffs request that to avoid expenses, you waive formal service of summons by signing and returning the enclosed waiver. To avoid these expenses, you must return the signed waiver within a maximum of 30 days from the date shown below, which is the date this notice was sent. Two copies of the waiver form are enclosed, along with a stamped, self-addressed envelope for returning one copy. You may keep the other copy.

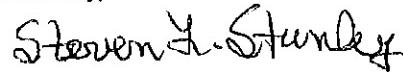
If you return the signed waiver, I will file it with the court. The action will then proceed as if you had been served on the date the waiver is filed, but no summons will be served on you and you will then have 60 days from the date this notice is sent (see the date below) to answer the complaint.

If you do not return the signed waiver within the time indicated, I will arrange to have the summons and complaint served on you. And in which case I will ask the court to require you, or the entity you represent, to pay the expenses of making service. Please read F.R.C.P. Rule 4 about the duty to avoid unnecessary expenses.

Date: 2/9/21

FILED FEB 23 2021 10:36AM-APP

Sincerely;



**Steven L. Stanley, pro se Plaintiff**

**Milepost 5/The Studios**

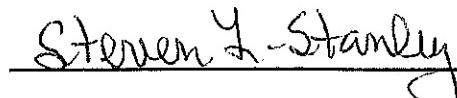
**850 NE 81<sup>st</sup> Av., Suite 216**

**Portland, Oregon 97213**

**(503) 957-4226**

### **CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of this Request for Waiver of Summons was sent to you by regular U.S. Mail this 9<sup>th</sup> day of February,  
2021  
(Certified)



**Steven L. Stanley – Plaintiff**

**(503) 957-4226**

**(2)**

UNITED STATES DISTRICT COURT  
OREGON DISTRICT, PORTLAND

**Steven L. Stanley,**

**Case No.:**

**Plaintiff,**

**Vs.**

**Judge:**

**Community Development**

**Partners, and**

**Guardian Management,**

**WAIVER OF THE SERVICE OF SUMMONS**

**Defendants.**

I have received your request to waive service of summons in this action along with a copy of the Complaint, two copies of this waiver form and a prepaid means of returning one signed copy of the form to you.

I, and or the entity I represent, agree to save the expense of serving a summons and complaint in this case.

I understand that I, or the entity I represent, will keep all defenses or objections to the lawsuit, the court's jurisdiction, and the venue of the action, but that I waive any objections to the absence of a summons or of service.

I also understand that I, or the entity I represent, must file and serve an answer or a motion under F.R.C.P., Rule 12 within 60 days from February 9th, the date when this request was sent (or 90 days if it was sent outside the U.S.). If I fail to do so, a default judgment will be entered against me or the entity I represent.

Date: \_\_\_\_\_

(Signature of the Attorney or  
Authorized Agent, and or  
Unrepresented party)

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail address